

Date ____/____/____

____ County, MI

Michigan Department of Agriculture / Pesticide & Plant Pest Management Division
525 W. Allegan St., Lansing, MI 48933 (517) 335-0730 Fax (517) 335-4540

Cooperative Gypsy Moth Suppression Program

CERTIFICATION OF OBLIGATED ACRES

Treated block acres must be contractually obligated and/or financially committed in order to qualify for the Gypsy Moth Suppression Program. The grantee is responsible for establishing the method that will be used to obligate acres.

This form must be completed by no later than **JANUARY 15, 2006** and returned to:

Mike Philip, Invasive Species Program Manager, Gypsy Moth Program
Michigan Department of Agriculture
Pesticide and Plant Pest Management Division
525 W. Allegan St., Lansing, MI 48933

_____ **NUMBER OF ACRES OBLIGATED TO THE PROGRAM.**

\$ _____ **COUNTY PROPOSED PROJECT BUDGET.**

\$ _____ **OBLIGATED FUNDS**
(100 % of proposed county budget).

Describe below the method or methods that will be used to financially obligate acres.

Chairperson/County Executive, County Board of Commissioners (Signature)

(Address)

(City)

(State)

(Zip Code)

() _____
Area Code (Telephone Number)

() _____
Area Code (Fax Number)

Dated this _____ day of _____, 20 _____.